

MARICOPA COUNTY SCHOOL SUPERINTENDENT
301 W. JEFFERSON, SUITE 660
PHOENIX, AZ 85003

TO: PAYROLL – ACCOUNTS PAYABLE
PLEASE STOP PAYMENT AND REISSUE THE FOLLOWING WARRANT:

DISTRICT NUMBER: _____

PERSON REQUESTING
STOP PAYMENT: _____ PHONE #: _____ EXT: _____

WARRANT NUMBER: _____ - _____ WARRANT DATE: ____/____/____
(prefix) (number) (mm) (dd) (yy)

PAYABLE TO: _____

AMOUNT: _____

FUND NO: _____ VOUCHER NO: _____

CHECK ONE: EXPENSE PAYROLL

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REASON FOR STOP:

(LOST, DESTROYED, ETC.)

ONE ORIGINAL AFFIDAVIT *AND* ONE COPY OF THE AFFIDAVIT ARE ATTACHED. PLEASE
ISSUE A REPLACEMENT WARRANT.

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(FOR COUNTY USE ONLY)

STATUS VERIFIED: _____

STOP DATE: _____

STOP VERIFIED: _____

AFFIDAVIT SENT: _____

AFFIDAVIT APPROVED: _____

REPLACED: _____

WARRANT #: _____

RECONS RETURNED: STOP PREPAID